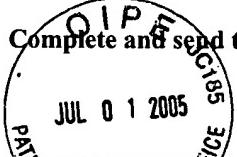


**PART B - FEE(S) TRANSMITTAL**



Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

36491 7590 04/13/2005

**KUNZLER & ASSOCIATES**  
**8 EAST BROADWAY**  
**SALT LAKE CITY, UT 84111**  
**07/05/2005 NNGUYEN2 00000051 10826239**

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP
03 FC:8001	3.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<i>Brian C. Kunzler</i>	(Depositor's name)
<i>Brian C. Kunzler</i>	(Signature)
<i>6/29/05</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

10/826,239	04/16/2004	Donald T. Comer	1042.2.3	9634
------------	------------	-----------------	----------	------

TITLE OF INVENTION: RESPONSE-BASED ANALOG-TO-DIGITAL CONVERSION APPARATUS AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAUTURE, JOSEPH J	2819	341-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Steven F. McDaniel*  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*UltraDesign, LLC*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Lindon, UT 84042*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 1

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Brian C. Kunzler*

Date *6/29/05*

Typed or printed name *Brian C. Kunzler*

Registration No. *38,512*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Please type a plus sign (+) inside this box →  +

PTO/SB/05 (12/97)  
Approved for use through 9/30/03. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Complete If Known	
		Application Number	10/826,239
		Filing Date	April 16, 2004
		First Named Inventor	Donald T. Comer
		Group Art Unit	2819
		Examiner Name	Joseph J. Lauture
TOTAL AMOUNT OF PAYMENT	\$ 1003	Attorney Docket Number	1042.2.3

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES			
Deposit Account No.: _____		Large Entity		Small Entity	
Deposit Account Name: _____		Fee Code	Fee (\$)	Fee Code	Fee (\$)
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<input type="checkbox"/>	Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance		
2. <input checked="" type="checkbox"/> Payment Enclosed:					
X Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. FILING FEE					
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1011	300	2011	150	Utility Filing Fee	
1111	500	2111	250	Utility Search Fee	
1311	200	2311	100	Utility Examination Fee	
1081	250	2081	125	Utility over 100 sheet fee per additional 50	
1085	250	2085	125	Provisional over 100 sheet fee per add. 50	
1005	200	2005	100	Provisional filing fee	
				<b>SUBTOTAL (1)</b>	<b>\$ 0</b>
2. CLAIMS					
Total Claims	-20 =	Extra	Fee from below	Fee Paid	
		0	x 25	=	
Ind. Claims	- 3 =	0	x 100	=	
Multiple Dep. Claims		0	x 180	= 0	
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim	
1204	200	2204	100	Reissue independent claims over original patent	
1205	50	2205	25	Reissue claims in excess of 20 and over original patent	
				<b>SUBTOTAL (2)</b>	<b>0</b>
*Reduced by Basic Filing Fee					
				<b>SUBTOTAL (3)</b>	<b>\$ 1003</b>

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Brian C. Kunzler			Reg. Number	38,527
Signature				Date	Jun 29, 2005
Deposit Account User ID					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington,



**PATENT**  
**Docket No. 1042.2.3**

**IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE**

APPLICANT(S): DONALD T. COMER, ET AL.

SERIAL NO.: 10/826,239

FILING DATE: APRIL 16, 2004

TITLE: RESPONSE-BASED ANALOG-TO-DIGITAL CONVERSION  
APPARATUS AND METHOD

EXAMINER: JOSEPH J. LAUTURE

GROUP ART UNIT: 2819

ATTY. DKT. No.: 1042.2.3

MAIL STOP ISSUE FEE  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

**TRANSMITTAL OF THE  
PAYMENT OF ISSUE FEE**

Sir:

The enclosed Payment of the Issue Fee Due is submitted herewith pursuant to 37 C.F.R. § 1.67 and M.P.E.P. § 603.01 for filing in the matter of the United States patent application as hereinabove identified. A duplicate copy of this sheet is enclosed.

Please address all future correspondence in connection with the above-identified patent application to the attention of the undersigned.

Commissioner of Patents  
June 29, 2005  
Page 2

Respectfully Submitted,  
Brian C. Kunzler



Brian C. Kunzler  
Reg. No. 38,527  
Attorney for Applicant

Date: June 29, 2005

Brian C. Kunzler  
8 East Broadway, Suite 600  
Salt Lake City, Utah 84111  
Telephone: 801/994-4646



CERTIFICATE OF DEPOSIT UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to:  
Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450  
on 6/29/05

Respectfully submitted,



Transmitted: Transmittal of Payment of Issue Fee.